



April 28, 2014

Jared Blumenfeld  
Regional Administrator  
EPA, Region 9  
NPDES/DMR, WTR-7  
75 Hawthorne Street  
San Francisco, CA 94105-3901

**Re: Discharge Monitoring Report – First Quarter 2014 Platforms Ellen, Elly, and Eureka  
NPDES Permit CAG280000**

Dear Mr. Blumenfeld:

This letter and its attachments include Discharge Monitoring Reports (DMRs) for the reporting period of January, February, and March 2014 for Beta Offshore Platforms Ellen, Elly and Eureka.

The new General Permit became effective March 1, 2014. This DMR includes the months of January and February, which fall under the previous permit, and the month of March which falls under the new permit. The new permit monthly NPDES requirements are included in the DMR for sampling completed in March. Thus, this DMR includes the old permit limits for the months of January and February and the new permit limits for March.

All produced fluids from Platform Eureka are piped to Platform Elly for processing. Platforms Elly and Ellen are two separate platforms attached by a bridge, thus they have the same latitude and longitude listed in their DMRs. We have submitted separate DMRs for each of the three platforms since there are separate NPDES discharges associated with each platform. Oil production wells are located at Platforms Ellen and Eureka. Platform Elly serves as a processing facility and contains most of the production treatment processes. This is the only platform that may occasionally discharge produced water. There are no drilling related activities or wells on Platform Elly. Production fluids generated at Ellen and Eureka are sent to Elly for further processing and back to Ellen for injection.

Attachment 1: EPA DMR forms (3320-1) for Eureka, Elly and Ellen.

Attachment 2: Attachment 2 are listings of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water) for each platform.

## Discharge Overview

### Drilling Muds and Cuttings (001):

During this DMR period drilling activities took place on Platform Ellen on Wells, A-21 and A-45. There were no associated drilling discharges at any of the platforms during this DMR period.

### Produced Water (002):

Produced water dilution – Platform Elly: On rare occasions when produced water is discharged, often times the discharge may only occur for a few hours or less. In calculating the dilution for each quarter, we use the average produced water daily rate based on the actual barrels of water per day "rate". As an example, if 100 barrels were discharged in one hour, the actual rate would extrapolate to a 2400 barrels of water per day (BWD) "rate", instead of only 100 BWD. This better represents the flow velocity used in the EPA Plume dilution calculation. There were no produced water discharges during this DMR reporting period.

### WTCWF (003):

WTCWF generated from Platform Ellen or Eureka would be commingled with the produced water at Platform Elly/Ellen. There were no well treatment, completion and workover fluid jobs performed at any of the platforms during this quarter.

### Deck Drains (004):

Platform Ellen's deck drains are commingled with production and sent to Platform Elly. Platform Elly's deck drain volumes are commingled with production at Elly and injected with produced water at Ellen (refer to produced water monitoring requirements in the DMR if discharged). Deck drains on Platform Eureka are sent to a disposal well on Eureka and not discharged.

### Sanitary and Domestic Waste (005):

Platforms Ellen and Eureka both operate a United States Coast Guard approved Marine Sanitation Device (MSD). Although these devices are capable of treating both sanitary and domestic waste, some of the domestic waste (as laundry water) is not discharged. At Platform Ellen, these domestic volumes are commingled with production and sent to Platform Elly/Ellen for injection with produced water. The sanitary waste commingles with sinks and shower water and is properly treated and chlorinated through the MSD discharged at Platform Ellen.

Platform Eureka also has sanitary and domestic waste water discharges (refer to the DMR). Domestic waste water (as laundry water) is sent to a disposal well and not discharged at Eureka. Sanitary wastes are treated through a USCG-approved MSD and discharged at Eureka. There are no sanitary/domestic waste discharges at Platform Elly.

### Fire water (008):

Fire water at Platforms Ellen and Elly are commingled with deck drains and injected with produced water at Platform Ellen. The fire water and deck drain volumes at Platform Eureka are sent to a disposal well and are not discharged. The fire water was reported as not being chlorinated at all three platforms.

### Non-contact Cooling Water (009) - Combined with Excess Sea Water:

Non-contact cooling water (as sea water) can be discharged at all three platforms. Separate discharges occur through separate outfalls for each of the three platforms. Seawater pumps

deliver water throughout the platforms for use as non-contact cooling water, marine sanitation device feed water and for sanitary usage supply. Any excess seawater not used for these sources has been previously reported under uncontaminated water in the DMRs under a separate discharge (016). When the non-contact cooling water is discharged it can be combined with the excess seawater discharges at Eureka and Ellen. Since the platforms add low dosages of chlorine treatment to this part of the system, chlorine monitoring has been performed on the chlorinated discharges and if applicable, includes excess seawater in addition to the non-contact cooling water. Thus, the DMR reports the total water discharged for both sources (non-contact cooling water and excess seawater). Both volumes and chlorine results for the combined discharges are listed in the DMR under non-contact cooling water for Eureka and Ellen. Elly has only non-contact cooling water. Any separate uncontaminated discharges that occur, will continue to be reported independently under discharge (016) in the DMR.

Permit limits for chlorine applicable to the non-contact cooling water were released in the March 2014 permit modification. The new required quarterly sampling will be included in the next DMR. The chemical inventory for non-contact cooling water (Attachment 2) was based on Operations' daily estimates using a Hach color wheel chlorine test kit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Should you have any questions or require any additional information, please contact me at (562) 628-1526.

Sincerely,



Marina Robertson  
HSE Manager

cc (via email):

Ms. Susan Zaleski  
Mr. James Salmons  
Bureau of Safety and Environmental  
Enforcement  
770 Paseo Camarillo  
Camarillo, CA 93010-6064

Ms. Alison Dettmer  
Manager, Energy and Ocean Resources Unit  
California Coastal Commission  
45 Fremont, Suite 2000  
San Francisco, CA 94105-2219

Platform Elly

Attachment 1

EPA DMR  
PERMIT NO. CAG280000

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

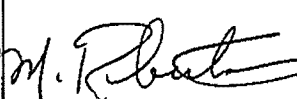
001,003,019  
DISCHARGE NO.

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD							
YR	MO	DAY	YR	MO	DAY		
From:	14	01	01	To:	14	03	31

Approved Form  
OMB No. 2000-0015  
**DRILLING FLUIDS AND DRILL CUTTINGS (001)**  
**WELL TREATMENT, COMPLETION**  
**AND WORKOVER FLUIDS (003)**  
**EXCESS CEMENT SLURRY (019)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
DRILLING FLUIDS MONITORING Well # N / A	Sample Measurement		No Discharge	Barrels/ Well							
January - March	Permit Requirement		Report						1/well 1/day	Estimate	
DRILL CUTTINGS MONITORING Well # N / A	Sample Measurement		No Discharge	Barrels/ Month							
January - March	Permit Requirement		Report						1/well 1/day	Estimate	
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS MONITORING	Sample Measurement		No Discharge	Barrels / Job							
January - March	Permit Requirement		Report						1 / job	Estimate	
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory	Sample Measurement				No Discharge			0	1/month	List	
January - March	Permit Requirement				Report				1/month	List	
EXCESS CEMENT SLURRY FLOW MONITORING	Sample Measurement		No Discharge	Monthly Average bbl/day							
January - March	Permit Requirement		Report						1/month	Estimate	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 35 U.S.C. § 1010. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 6 YEARS.</small>						TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations								(562) 628-1526		04 22 2014	
TYPED OR PRINTED		 Marina Robertson, HSE Manager						Area Code		MONTH/DAY/YEAR	
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Number			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

There are no wells or drilling activities at Platform Elly.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

002  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	01	01	To:	14 03 31

**PRODUCED WATER (002)**  
(commingled with Platform Eureka & Ellen)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
<b>PRODUCED WATER FLOW RATE</b> (commingled with Eureka and Ellen) January	Sample Measurement	0		Monthly Average bb/Day					0	1/day	Estimate	
	Permit Requirement									1/day	Estimate	
February	Sample Measurement	0		Monthly Average bb/Day								
	Permit Requirement									1/day	Estimate	
March	Sample Measurement	0		Monthly Average bb/Day								
	Permit Requirement									1/day	Estimate	
<b>QUARTERLY AVERAGE Volume</b> 01/01/14 - 03/31/14		No Discharge		Quarterly Average bb/Day					0	1/quarter	Estimate	
										1/quarter	Estimate	
<b>ANNUAL CUMULATIVE Volume</b> 03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0	1/quarter	Estimate	
	Permit Requirement		10,950,000 *							1/quarter	Estimate	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)							TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations									(562) 628-1526		04 22 2014	
TYPED OR PRINTED									Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\* Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.

Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

\* The total annual cumulative volume limit is a combined limit of produced water volumes discharged from Platforms Ellen, Elly, and Eureka as listed in the NPDES permit. The 'sample measurement' listed is a combined total for Ellen, Elly, and Eureka.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

CAG280000  
PERMIT NO.

002  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

PRODUCED WATER (002)  
Enforceable Limits

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type									
		Average	Maximum	Units	Minimum	Average	Maximum												
PRODUCED WATER OIL & GREASE	Sample Measurement					No Discharge	No Discharge												
	Permit Requirement					29.0	42.0		1/week	Grab/ Composite									
January	Sample Measurement					No Discharge	No Discharge												
	Permit Requirement					29.0	42.0		1/week	Grab/ Composite									
February	Sample Measurement					No Discharge	No Discharge												
	Permit Requirement					29.0	42.0		1/week	Grab/ Composite									
March	Sample Measurement					No Discharge	No Discharge												
	Permit Requirement					29.0	42.0		1/week	Grab/ Composite									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. (SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					TELEPHONE		DATE										
Steve Liles Vice President, Manager of Operations									(562) 628-1526		04 22 2014								
TYPED OR PRINTED											MONTH/DAY/YEAR								
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number												

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water discharges).

<sup>1</sup> Results are post-dilution, and no limits listed are applicable as listed in the new permit effective March, 2014, Appendix B.

Results showing NODI(B): below MDL. The maximum value of the analytical result is less than the laboratory's MDL (below detection level).

Results showing NODI(Q): equal to or above the MDL, but less than the ML or PQL.

Beta Offshore  
111 W. Ocean Blvd, Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

004  
DISCHARGE NO.

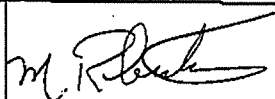
Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**DECK DRAINAGE (004)**  
(Commingled with produced water)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type								
		Average	Units	Minimum	Average	Maximum	Units											
<b>DECK DRAINAGE VOLUME-FLOW RATE</b> (commingled with produced water) January	Sample Measurement	N / A	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
February	Sample Measurement	N / A	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
March	Sample Measurement	N / A	Mo. Avg. bbl/day															
	Permit Requirement	Report							1/month	Estimate								
<b>DECK DRAINAGE FREE OIL</b> January	Sample Measurement	N / A	# Days Sheen Observed	N / A														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
February	Sample Measurement	N / A	# Days Sheen Observed	N / A														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
March	Sample Measurement	N / A	# Days Sheen Observed	N / A														
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1315. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.						TELEPHONE		DATE								
Steve Liles Vice President, Manager of Operations																		
TYPED OR PRINTED																		
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)		 Signature of PRINCIPAL, EXECUTIVE OFFICER or AUTHORIZED AGENT						(562) 628-1526		04 22 2014								
								Area Code Number		MONTH/DAY/YEAR								

N / A: Deck drains are commingled with produced water (refer to produced water reporting requirements).



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**SANITARY & DOMESTIC WASTES (005)**  
(Domestic water commingled with Production)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type			
		Average	Maximum	Units	Minimum	Average	Maximum	Units						
SANITARY WASTES FLOW RATE	Sample Measurement	N / A		Monthly Average										
	Permit Requirement	Report		bb/day					1/month	Estimate				
January	Sample Measurement	N / A		Monthly Average										
	Permit Requirement	Report		bb/day					1/month	Estimate				
February	Sample Measurement	N / A		Monthly Average										
	Permit Requirement	Report		bb/day					1/month	Estimate				
March	Sample Measurement	N / A		Monthly Average										
	Permit Requirement	Report		bb/day					1/month	Estimate				
SANITARY WASTES FOAM & FLOATING SOLIDS	Sample Measurement		N / A	# days observed	N / A									
	Permit Requirement		None		No foam or floating solids in the receiving waters.				1/day	Visual - Daylight				
January	Sample Measurement		N / A	# days observed	N / A									
	Permit Requirement		None		No foam or floating solids in the receiving waters.				1/day	Visual - Daylight				
February	Sample Measurement		N / A	# days observed	N / A									
	Permit Requirement		None		No foam or floating solids in the receiving waters.				1/day	Visual - Daylight				
March	Sample Measurement		N / A	# days observed	N / A									
	Permit Requirement		None		No foam or floating solids in the receiving waters.				1/day	Visual - Daylight				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.						TELEPHONE		DATE				
Steve Liles Vice President, Manager of Operations		 Marina Robertson, HSE Manager						(562) 628-1526		04 22 2014				
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR				

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A : There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**SANITARY & DOMESTIC WASTES (005)**  
(Domestic water commingled with Production)

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type											
		Average	Maximum	Units	Minimum	Average	Maximum														
SANITARY WASTE RESIDUAL CHLORINE January	Sample Measurement				N/A	N/A	N/A														
	Permit Requirement				1 mg/l	N/A	10 mg/l		Monthly	Grab											
February	Sample Measurement				N/A	N/A	N/A														
	Permit Requirement				1 mg/l	N/A	10 mg/l		Monthly	Grab											
March	Sample Measurement				N/A	N/A	N/A														
	Permit Requirement				1 mg/l	N/A	10 mg/l		Monthly	Grab											
DOMESTIC WASTE , FLOW RATE January - March	Sample Measurement	N/A		Monthly Average																	
	Permit Requirement	Report		bbl/day					1/month	Estimate											
DOMESTIC WASTE FOAM & FLOATING SOLIDS January - March	Sample Measurement		N/A	# days observed	N/A																
	Permit Requirement		None		No foam or floating solids in the receiving waters.				1/day	Visual - Daylight											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</small>						TELEPHONE		DATE											
Steve Liles Vice President, Manager of Operations																					
TYPED OR PRINTED																					
		 Marina Robertson, HSE Manager						(562) 628-1526		04 22 2014											
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR											

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A : There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

<sup>1</sup> Domestic water, as laundry, is commingled with produced water and injected (refer to Produced Water). Domestic water from showers and sinks is commingled with sanitary at Platform Ellen (refer to Platform Ellen DMR).

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

008  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**FIRE CONTROL WATER (008)**  
(Commingled with production)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM FLOATING SOLIDS January	Sample Measurement		None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight
	February	Sample Measurement		None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.			0	1/day	Visual - Daylight
Permit Requirement			None	No floating solids in the receiving water. No foam in the receiving water.				1/day		Visual - Daylight	
March		Sample Measurement		None	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.			0	1/day	Visual - Daylight
	Permit Requirement		None	No floating solids in the receiving water. No foam in the receiving water.				1/day		Visual - Daylight	
	FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE <sub>1</sub> January - March	Sample Measurement					Monthly Average	Daily Maximum			
Permit Requirement						N / A	N / A	ug/L			
						N / A	N / A		1/month	Grab	
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory <sub>1</sub> January - March	Sample Measurement				N / A			ug/L		1/month	List
	Permit Requirement				Report					1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 3 YEARS)				 Marina Robertson, HSE Manager		TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations								(562) 628-1526		04 22 2014	
TYPED OR PRINTED						Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water and is injected. Small amounts may be discharged overboard during fire water system testing.  
The firewater is not chlorinated or chemically treated. Refer to produced water discharges.

Beta Offshore  
111 W. Ocean Blvd, Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

CAG280000  
PERMIT NO.

009  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

NON-CONTACT COOLING WATER (009)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
			Average	Units	Minimum	Average	Maximum	Units				
NON-CONTACT COOLING WATER (009) - FLOW VOLUME <sup>1</sup> January	Sample Measurement		5,143	Barrels/ Day					0	1/month	Estimate	
	Permit Requirement		Report							1/month	Estimate	
February	Sample Measurement		5,143	Barrels/ Day					0	1/month	Estimate	
	Permit Requirement		Report							1/month	Estimate	
March	Sample Measurement		5,143	Barrels/ Day					0	1/month	Estimate	
	Permit Requirement		Report							1/month	Estimate	
NON-CONTACT COOLING WATER (009) FOAM/FLOATING SOLIDS January	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight	
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight	
February	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight	
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight	
March	Sample Measurement		0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight	
	Permit Requirement		None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 333 19 U.S.C. § 1001 AND 33 U.S.C. § 1315. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations		 Marina Robertson, HSE Manager							(562) 628-1526		04 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Non-Contact Cooling water is discharged separately.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

009  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**NON-CONTACT COOLING WATER (009)**

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type	
		Average	Units	Minimum	Monthly Average	Daily Maximum				Units
NON-CONTACT COOLING WATER (009) - CHLORINE <sub>1</sub>	Sample Measurement				N / A	N / A	mg/L			
	Permit Requirement				N / A	N / A		1/quarter <sub>2</sub>	Grab	
January	Sample Measurement				N / A	N / A	mg/L			
	Permit Requirement				N / A	N / A		1/quarter <sub>2</sub>	Grab	
February	Sample Measurement				N / A	N / A	mg/L			
	Permit Requirement				N / A	N / A		1/quarter <sub>2</sub>	Grab	
March <sub>2</sub>	Sample Measurement				N / A	N / A	mg/L			
	Permit Requirement				0.00585	0.0102		1/quarter <sub>2</sub>	Grab	
NON-CONTACT COOLING WATER (009) CHEMICAL INVENTORY January - March				See Attachment #2 Chemical Inventory				0	1/month	List
				Report					1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1316. (PENALTIES UNDER THOSE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE		
Steve Liles Vice President, Manager of Operations						(562) 628-1526		04 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number		MONTH/DAY/YEAR				

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.

<sup>2</sup> Permit limits were released in the March 2014 permit modification.

N / A: The required quarterly chlorine sampling will be performed in April.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

CAG280000	006,007,010,011,012,013,014
PERMIT NO.	DISCHARGE NO.


MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

Approved Form  
OMB No. 2000-0015

Blowout Preventer Fluids  
Desalination Unit  
Ballast/Storage Displacement  
Bilge Water  
Boiler Blowdown  
Test Fluids  
Diatomaceous Earth Filter Media

Beta Platform Elly  
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement				No Discharge No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(007) Desalination Unit FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement				No Discharge No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(010) Ballast/Storage Displacement Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement			Monthly Average bbl/day	No Discharge No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(011) Bilge Water FLOW RATE January - March	Sample Measurement Permit Requirement			Monthly Average bbl/day	No Discharge No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate
(012) Boiler Blowdown FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement				No Discharge No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement			Monthly Average bbl/day	No Discharge No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement				No Discharge No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 35 U.S.C. § 1916. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND 5 YEARS)				 Marina Robertson, HSE Manager		TELEPHONE (562) 628-1526		DATE 04 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\* See Chemical Inventory, if discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Approved Form  
OMB No. 2000-0015

CAG280000  
PERMIT NO.


015, 016, 017, 018, 020, 021  
DISCHARGE NO.

Bulk Water Transfer Overflow  
Uncontaminated Water  
Water Flooding Discharges  
Laboratory Wastes (Commingled w/ produced water)  
Muds, Cuttings, Cement at Sea  
Hydrotest Water

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Units	Minimum	Average	Maximum	Units				
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS	Sample Measurement			No floating solids in the receiving water.				0	1/month	Visual	
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water	
January - March				No floating solids in the receiving water.					1/month	Visual	
				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water	
(016) Uncontaminated Water FOAM, FLOATING SOLIDS	Sample Measurement			No floating solids in the receiving water.				0	1/month	Visual	
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water	
January - March				No floating solids in the receiving water.					1/month	Visual	
				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water	
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS*	Sample Measurement			No Discharge					1/month	Visual	
	Permit Requirement			No free oil or floating solids in the receiving water.					1/discharge	Rec. Water	
January - March				No free oil or floating solids in the receiving water.					1/month	Visual	
				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water	
(018) Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS (commingled with produced water)	Sample Measurement			N/A (refer to produced water requirements)				0	1/month	Visual	
	Permit Requirement			No free oil or floating solids in the receiving water.					1/month	Visual	
January - March				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water	
(020) Muds, Cuttings, Cement at Sea Floor FLOOR FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement			No Discharge					1/month	Visual	
	Permit Requirement			No free oil or floating solids in the receiving water.					1/month	Visual	
January - March				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water	
(021) Hydrotest Water * FLOW RATE / FREE OIL, FOAM FLOATING SOLIDS	Sample Measurement		Monthly Average	No Discharge					1/month	Estimate /	
	Permit Requirement	Report	bb/day	No free oil or floating solids in the receiving water.					1/discharge	Visual Daylight	
January - March				No foam, in other than trace amounts, in the receiving water.							
(021) HYDROTEST WATER CHLORINE	Sample Measurement				No Discharge	No Discharge	ug/L				
	Permit Requirement				N/A	N/A			1/month	Grab	
January - March									1/discharge		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, 800 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations								(562) 628-1526		04 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\* See Chemical Inventory, if discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

022  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Elly  
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**H2S Gas Processing Waste Water**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly						1/discharge	Estimate
January - March	Permit Requirement	Report		Average lbs/day						1/discharge	Estimate
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge					1/discharge	Visual
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight
Surfactants, Detergents, Dispersants,	Sample Measurement				Minimized			0			
	Permit Requirement				Minimize						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)							TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations	 Marina Robertson, HSE Manager							(562) 628-1526		04 22 2014	
TYPED OR PRINTED								Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Any detergents, dispersants, or surfactants used are either included with sanitary and domestic discharges or produced water discharges.



## Attachment 2

### Chemical Inventory

**ATTACHMENT 2  
PLATFORM ELLY  
MISCELLANEOUS DISCHARGES  
CHEMICAL INVENTORY  
January 1, 2014 through March 31, 2014**

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe <sup>1</sup> Concentration</u> (mg/l)
009 Non-contact Cooling Water				
January	5,143	Chlorine	0.13	0.6
February	5,143	Chlorine	0.09	0.4
March	5,143	Chlorine	0.15	0.7
008 Fire Control System Water	N / A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

<sup>1</sup> Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Elly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N / A: Not chlorinated

Platform Ellen

Attachment 1

EPA DMR  
PERMIT NO. CAG280000

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILLING FLUIDS VOLUME	Sample Measurement		No Discharge	Barrels/ Well							
Well # N / A	Permit Requirement		Report						1/well 1/day	Estimate	
January	Sample Measurement		No Discharge	Barrels/ Well							
Well # N / A	Permit Requirement		Report						1/well 1/day	Estimate	
February	Sample Measurement		No Discharge	Barrels/ Well							
Well # N / A	Permit Requirement		Report						1/well 1/day	Estimate	
March	Sample Measurement		No Discharge	Barrels/ Well							
Well # N / A	Permit Requirement		Report						1/well 1/day	Estimate	
Quarterly Total	Sample Measurement		0	Barrels/ Quarter					0		
01/01/14 - 03/31/14	Permit Requirement		Report								
Annual Cumulative Volume Limit 1	Sample Measurement		0	Barrels/ Year					0		
03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Permit Requirement		49,950 *								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE	DATE		
Steve Liles Vice President, Manager of Operations	 Marina Robertson, HSE Manager							(562) 628-1526	04 22 2014		
TYPED OR PRINTED	Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code Number	MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\* The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.  
Drilling activities took place during this DMR period, however there were no associated drilling discharges.

1 Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.

Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type											
		Average	Maximum	Units	Minimum	Average	Maximum	Units														
DRILL CUTTINGS VOLUME Well # N / A	Sample Measurement		No Discharge	Barrels/ Month																		
	Permit Requirement		Report							1/well 1/day	Estimate Grab											
Well # N / A February	Sample Measurement		No Discharge	Barrels/ Month						1/well 1/day	Estimate Grab											
	Permit Requirement		Report							1/well 1/day	Estimate Grab											
Well # N / A March	Sample Measurement		No Discharge	Barrels/ Month						1/well 1/day	Estimate Grab											
	Permit Requirement		Report							1/well 1/day	Estimate Grab											
Annual Cumulative Volume Limit 1 03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0													
	Permit Requirement		18,150 *																			
DRILL FLUIDS/CUTTINGS FREE OIL January	Sample Measurement		No Discharge	Barrels/ Month	No Discharge			# Days Sheen Observed														
	Permit Requirement		Report		Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual											
February	Sample Measurement		No Discharge	Barrels/ Month	No Discharge			# Days Sheen Observed														
	Permit Requirement		Report		Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual											
March	Sample Measurement		No Discharge	Barrels/ Month	No Discharge			# Days Sheen Observed														
	Permit Requirement		Report		Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY HONOR OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 15 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE												
Steve Liles Vice President, Manager of Operations										(562) 628-1526												
TYPED OR PRINTED										04 22 2014												
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR												

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\* The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Eily, as listed in the permit.

Drilling activities took place during this DMR period, however there were no associated drilling discharges.

1 Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.

Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	01	To:	14	03

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N/A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N/A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(80-100%) Well Footage	Grab
BARITE MERCURY	Sample Measurement				N/A	mg / kg			
	Permit Requirement				1 mg / kg			Stock Barite	Grab
BARITE CADMIUM	Sample Measurement				N/A	mg / kg			
	Permit Requirement				3 mg / kg			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY WELL No.	Sample Measurement				N/A				
	Permit Requirement				Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID	Sample Measurement				N/A				
	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids 2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings					No Discharge			N/A	
					No Discharge			N/A	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL, PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 822 18 U.S.C. & 1001 AND 33 U.S.C. & 1315. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations						(562) 628-1526		04 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N/A: No discharge of drilling fluids.

Beta Offshore  
111 W. Ocean Blvd, Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

002  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**PRODUCED WATER (002)**  
(Commingled at Platform Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
<b>PRODUCED WATER Flow Rate</b>  January - March	Sample Measurement	N / A		Monthly Average bbl/Day							
	Permit Requirement									1/day	Estimate
<b>QUARTERLY AVERAGE Volume</b>		N / A		Quarterly Average bbl/Day							
										1/quarter	Estimate
<b>ANNUAL CUMULATIVE Volume</b>  03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Sample Measurement		N / A	Barrels/ Year							
	Permit Requirement		10,950,000 *								
<b>PRODUCED WATER Oil &amp; Grease</b>	Sample Measurement					N / A	N / A				
	Permit Requirement					29.0	42.0	mg/L		1/week	Grab
<b>Enforceable Limits:</b>											
<b>PRODUCED WATER QUARTERLY CONSTITUENTS</b>											
<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1519. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND 5 YEARS)							<b>TELEPHONE</b>		<b>DATE</b>	
Steve Liles Vice President, Manager of Operations	 Marina Robertson, HSE Manager							(562) 628-1526		04 22 2014	
<b>TYPED OR PRINTED</b>								Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\* Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.

Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded. N / A: There was no produced water discharge at Platform Ellen. All produced water for the quarter sent to Elly for processing, then back to Ellen and injected.

\* The total annual cumulative volume limit is a combined limit of produced water volumes from Platforms Ellen, Elly, and Eureka.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

003  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**WELL TREATMENT, COMPLETION  
AND WORKOVER FLUIDS (003)**  
(commingled with produced water at Plt Elly  
NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type				
		Average	Maximum	Units	Minimum	Average	Maximum	Units							
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , FLOW	Sample Measurement		N / A	Barrels / Job											
	Permit Requirement		Report												
	January														
	Sample Measurement		N / A	Barrels / Job											
	Permit Requirement		Report												
	February														
	Sample Measurement		N / A	Barrels / Job											
	Permit Requirement		Report												
	March														
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , OIL AND GREASE															
						MONTHLY AVERAGE	DAILY MAXIMUM								
	Sample Measurement					N / A	N / A	mg/L							
	Permit Requirement					29.0	42.0		1/job	Grab					
	January														
	Sample Measurement					N / A	N / A	mg/L							
	Permit Requirement					29.0	42.0		1/job	Grab					
	February														
	Sample Measurement					N / A	N / A	mg/L							
	Permit Requirement					29.0	42.0		1/job	Grab					
	March														
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALIZED UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 3 YEARS)					TELEPHONE		DATE						
Steve Liles Vice President, Manager of Operations								(562) 628-1526	04 22 2014						
TYPED OR PRINTED								Area Code Number		MONTH/DAY/YEAR					
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)															

\* When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).



Beta Offshore  
111 W. Ocean Blvd, Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

003  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**WELL TREATMENT, COMPLETION  
AND WORKOVER FLUIDS (003)**  
(commingled with produced water at Pit Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , TYPE AND TOTAL NUMBER OF JOBS January - March	Sample Measurement		0	Barrels / Job								
	Permit Requirement		Report									
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , STATIC SHEEN January - March	Sample Measurement				N / A				# Times Sheen Observed			
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab	
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory March	Sample Measurement				N / A				0	1/month	List	
	Permit Requirement				Report					1/month	List	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)								TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations	 Marina Robertson, HSE Manager								(562) 628-1526		04 22 2014	
TYPED OR PRINTED									Area Code		Number	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Pit Elly DMR).

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

004  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**DECK DRAINAGE (004)**  
(commingled with produced water at Pit Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Units	Minimum	Average	Maximum	Units				
<b>DECK DRAINAGE VOLUME-FLOW RATE <sup>1</sup></b>	Sample Measurement	N/A	Mo. Avg. bbl/day								
	Permit Requirement	Report						1/month	Estimate		
January	Sample Measurement	N/A	Mo. Avg. bbl/day								
	Permit Requirement	Report						1/month	Estimate		
February	Sample Measurement	N/A	Mo. Avg. bbl/day								
	Permit Requirement	Report						1/month	Estimate		
March	Sample Measurement	N/A	Mo. Avg. bbl/day								
	Permit Requirement	Report						1/month	Estimate		
<b>DECK DRAINAGE FREE OIL</b>	Sample Measurement	N/A	# Days Sheen Observed	N/A							
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.				1/day	Visual - Daylight		
January	Sample Measurement	N/A	# Days Sheen Observed	N/A							
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.				1/day	Visual - Daylight		
February	Sample Measurement	N/A	# Days Sheen Observed	N/A							
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.				1/day	Visual - Daylight		
March	Sample Measurement	N/A	# Days Sheen Observed	N/A							
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.				1/day	Visual - Daylight		
<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 15 U.S.C. § 1001 AND 33 U.S.C. § 1912. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</small>						<b>TELEPHONE</b>		<b>DATE</b>	
Steve Liles Vice President, Manager of Operations								(562) 628-1526		04 22 2014	
TYPED OR PRINTED								Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Deck drain volumes are commingled with production and not discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**SANITARY & DOMESTIC WASTES (005)**  
( Domestic waste commingled with produced water at Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type							
		Average	Maximum	Units	Minimum	Average	Maximum	Units										
SANITARY WASTE , FLOW RATE	Sample Measurement	87.0		Monthly					0	1/day	Estimate							
	Permit Requirement	Report		Average bbl/day						1/month	Estimate							
January	Sample Measurement	99.0		Monthly					0	1/day	Estimate							
	Permit Requirement	Report		Average bbl/day						1/month	Estimate							
February	Sample Measurement	80.0		Monthly					0	1/day	Estimate							
	Permit Requirement	Report		Average bbl/day						1/month	Estimate							
March	Sample Measurement			Monthly					0	1/day	Estimate							
	Permit Requirement	Report		Average bbl/day						1/month	Estimate							
SANITARY WASTES FOAM & FLOATING SOLIDS	Sample Measurement		0	# days	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight							
	Permit Requirement		None	observed	No foam or floating solids in the receiving waters.					1/day	Visual - Daylight							
January	Sample Measurement		0	# days	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight							
	Permit Requirement		None	observed	No foam or floating solids in the receiving waters.					1/day	Visual - Daylight							
February	Sample Measurement		0	# days	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight							
	Permit Requirement		None	observed	No foam or floating solids in the receiving waters.					1/day	Visual - Daylight							
March	Sample Measurement		0	# days	No foam or floating solids in the receiving waters.				0	1/day	Visual - Daylight							
	Permit Requirement		None	observed	No foam or floating solids in the receiving waters.					1/day	Visual - Daylight							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1916. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND 5 YEARS)					TELEPHONE		DATE									
Steve Liles Vice President, Manager of Operations									(562) 628-1526									
TYPED OR PRINTED									04 22 2014									
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)		 Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR									

<sup>1</sup> Sanitary includes restroom sinks, showers and toilets.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**SANITARY & DOMESTIC WASTES (005)**  
(Domestic waste commingled with produced water at Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average		Minimum	Average	Maximum	Units			
SANITARY WASTE RESIDUAL CHLORINE <sup>1</sup>	Sample Measurement			N/A	N/A	N/A	mg/l	0		
	Permit Requirement			1 mg/l	N/A	10 mg/l			Monthly	Grab
January	Sample Measurement			N/A	N/A	N/A	mg/l	0		
	Permit Requirement			1 mg/l	N/A	10 mg/l			Monthly	Grab
February	Sample Measurement			N/A	N/A	N/A	mg/l	0		
	Permit Requirement			1 mg/l	N/A	10 mg/l			Monthly	Grab
March	Sample Measurement			N/A	N/A	N/A	mg/l	0		
	Permit Requirement			1 mg/l	N/A	10 mg/l			Monthly	Grab
DOMESTIC WASTE (as laundry) FLOW RATE	Sample Measurement	N/A	Monthly						1/day	Estimate
	Permit Requirement	Report	Average bbl/day						1/month	Estimate
DOMESTIC WASTES FOAM & FLOATING SOLIDS	Sample Measurement		N/A	# days observed	N/A				1/day	Visual - Daylight
	Permit Requirement		None		No foam or floating solids in the receiving waters.				1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 19 U.S.C. § 1001 AND 33 U.S.C. § 1311. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations							(562) 628-1526		04 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT  Marina Robertson, HSE Manager					Area Code		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.

N/A: Domestic laundry water is commingled with production and sent to Platform Elly for injection at Ellen (refer to Plat. Ellen DMR).


**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**

008
DISCHARGE NO.

**Beta Platform Ellen**  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**NOTE: Read instructions before completing this form.**

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
			Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM, FLOATING SOLIDS January	Sample Measurement		N / A	# Days Observed	N / A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
February	Sample Measurement		N / A	# Days Observed	N / A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
March	Sample Measurement		N / A	# Days Observed	N / A				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
						Monthly Average	Daily Maximum				
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE January - March	Sample Measurement					N / A	N / A	ug/L	0	1/month	Grab
	Permit Requirement					N / A	N / A			1/month	Grab
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory January - March	Sample Measurement										
	Permit Requirement										
						N / A				1/month	List
						Report				1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SIZE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE		
Steve Liles Vice President, Manager of Operations							 Marina Robertson, HSE Manager		(562) 628-1526		04 22 2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR		

N / A; Fire water is commingled with deck drains and produced water at Platform Elly and is injected at Ellen. The firewater is not chlorinated or chemically treated.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

009  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**NON-CONTACT COOLING WATER (009)**  
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type					
		Average	Units	Minimum	Average	Maximum	Units								
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FLOW VOLUME January	Sample Measurement	36,000	Barrels/Day					0	1/month	Estimate					
	Permit Requirement	Report							1/month	Estimate					
February	Sample Measurement	36,000	Barrels/Day					0	1/month	Estimate					
	Permit Requirement	Report							1/month	Estimate					
March	Sample Measurement	36,000	Barrels/Day					0	1/month	Estimate					
	Permit Requirement	Report							1/month	Estimate					
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FOAM/FLOATING SOLIDS January	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight					
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight					
February	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight					
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight					
March	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight					
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 603 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE					
Steve Liles Vice President, Manager of Operations		 Marina Robertson, HSE Manager						(562) 628-1526		04 22 2014					
TYPED OR PRINTED								Area Code Number		MONTH/DAY/YEAR					

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Beta Offshore  
111 W. Ocean Blvd, Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

009  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**NON-CONTACT COOLING WATER (009)**  
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Monthly Average	Daily Maximum	Units			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHLORINE <sup>1</sup> January	Sample Measurement				N/A	N/A	mg/L			
	Permit Requirement				N/A	N/A			1/quarter <sup>2</sup>	Grab
February	Sample Measurement				N/A	N/A	mg/L			
	Permit Requirement				N/A	N/A			1/quarter <sup>2</sup>	Grab
March <sup>2</sup>	Sample Measurement				N/A	N/A	mg/L			
	Permit Requirement				0.00583	0.0104			1/quarter <sup>2</sup>	Grab
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHEMICAL INVENTORY January - March				See Attachment #2 Chemical Inventory				0	1/month	List
				Report					1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 19 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)				TELEPHONE		DATE		
Steve Liles Vice President, Manager of Operations						(562) 628-1526		04 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.

<sup>2</sup> Permit limits were released in the March 2014 permit modification.

N/A: The required quarterly chlorine sampling will be performed in April.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG260000  
PERMIT NO.

019  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

EXCESS CEMENT SLURRY (019)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type											
		Average	Units	Minimum	Average	Maximum	Units														
EXCESS CEMENT SLURRY (019) FLOW VOLUME <sub>1</sub>	Sample Measurement	No Discharge	Monthly																		
January - March	Permit Requirement	Report	bb/day						1/month	Estimate											
EXCESS CEMENT SLURRY ANNUAL CUMULATIVE VOLUME <sub>2</sub>	Sample Measurement	70	Barrels/ Year					0													
03/01/13 - 02/28/14	Permit Requirement	1,200 *																			
EXCESS CEMENT SLURRY ANNUAL CUMULATIVE VOLUME <sub>2</sub>	Sample Measurement	0	Barrels/ Year					0													
03/01/14 - 02/28/15	Permit Requirement	1,200 *																			
EXCESS CEMENT SLURRY SHEEN TEST/FREE OIL FOAM, FLOATING SOLIDS	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge																	
January	Permit Requirement	None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water											
	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge																	
February	Permit Requirement	None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water											
	Sample Measurement	No discharge	# Days Sheen Observed	No Discharge																	
March	Permit Requirement	None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE											
Steve Liles Vice President, Manager of Operations																					
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR											

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> The monthly average flow rates are based on the number of days of discharge (not on the number of days in each month).

<sup>2</sup> Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.

Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

\* The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly, as listed in the permit.



Beta Offshore  
111 W. Ocean Blvd, Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Approved Form  
OMB No. 2000-0015

CAG280000  
PERMIT NO.

006,007,010,011,012,013,014  
DISCHARGE NO.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

Blowout Preventer Fluids  
Desalination Unit  
Ballast/Storage Displacement  
Bilge Water  
Boiler Blowdown  
Test Fluids  
Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(007) Desalination Unit FOAM, FLOATING SOLIDS January - March	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(010) Ballast/Storage Displacement Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement			Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(011) Bilge Water FLOW RATE January - March	Sample Measurement			Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate
(012) Boiler Blowdown FOAM, FLOATING SOLIDS January - March	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement			Monthly Average bbl/day	No Discharge						
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY ENQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. (SEE 16 U.S.C. § 1301 AND 33 U.S.C. § 1315. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS))</p>							TELEPHONE	DATE	
Steve Liles Vice President, Manager of Operations								(562) 628-1526	04 22 2014		
TYPED OR PRINTED								Area Code Number	MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\* See Chemical Inventory, if discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Approved Form  
OMB No. 2000-0015

CAG280000	015, 016, 017, 018, 020, 021
PERMIT NO.	DISCHARGE NO.

Bulk Water Transfer Overflow  
Uncontaminated Water  
Water Flooding Discharges  
Laboratory Wastes (commingled w/ production)  
Muds, Cuttings, Cement at Sea  
Hydrotest Water

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS	Sample Measurement			No floating solids in the receiving water.				0	1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/month	Rec. Water
January - March				No floating solids in the receiving water.					1/month	Visual
(016) Uncontaminated Water, FOAM, FLOATING SOLIDS	Sample Measurement			No Discharge					1/month	Visual
	Permit Requirement			No floating solids in the receiving water.					1/discharge	Rec. Water
January - March				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS*	Sample Measurement			No Discharge					1/month	Visual
	Permit Requirement			No free oil or floating solids in the receiving water.					1/discharge	Rec. Water
January - March				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(018) Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS (commingled w/ production)	Sample Measurement			No free oil or floating solids in the receiving water.				0	1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
January - March				No free oil or floating solids in the receiving water.					1/month	Visual
(020) Muds, Cuttings, Cement at Sea FLOOR FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement			No Discharge					1/month	Visual
	Permit Requirement			No free oil or floating solids in the receiving water.					1/discharge	Rec. Water
January - March				No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(021) Hydrotest Water FLOW RATE / FREE OIL, FOAM FLOATING SOLIDS	Sample Measurement		Monthly	No Discharge					1/month	Estimate /
	Permit Requirement	Report	Average	No free oil or floating solids in the receiving water.					1/discharge	Visual Daylight
January - March			bbl/day	No foam, in other than trace amounts, in the receiving water.						
(021) HYDROTEST WATER * CHLORINE	Sample Measurement				No Discharge	No Discharge	ug/L		1/month	
	Permit Requirement				N/A	N/A			1/discharge	Grab
January - March										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 822 16 U.S.C. &amp; 1201 AND 33 U.S.C. &amp; 1515. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$15,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 3 YEARS)</p>				TELEPHONE		DATE		
Steve Liles Vice President, Manager of Operations						(562) 628-1526		04 22 2014		
TYPED OR PRINTED						Area Code		MONTH/DAY/YEAR		
		Signature of PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				Area Code		Number		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Uncontaminated water (excess seawater) is combined with non-contact cooling water (refer to non-contact cooling water discharge 009)

\* See Chemical Inventory, if discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

022  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Ellen  
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

H2S Gas Processing Waste Water

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type							
		Average	Maximum	Units	Minimum	Average	Maximum	Units										
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly Average bbl/day														
January - March	Permit Requirement	Report								1/discharge	Estimate							
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge													
January - March	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight							
Surfactants, Detergents, Dispersants	Sample Measurement				Minimized				0									
January - March	Permit Requirement				Minimize													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1316. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE	DATE								
Steve Liles Vice President, Manager of Operations										(562) 628-1526	04 22 2014							
TYPED OR PRINTED										Area Code	MONTH/DAY/YEAR							
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT  Marina Robertson, HSE Manager							Area Code	Number								

## Attachment 2

### Chemical Inventory

**ATTACHMENT 2  
PLATFORM ELLEN  
MISCELLANEOUS DISCHARGES  
CHEMICAL INVENTORY  
January 1, 2014 through March 31, 2014**

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe <sup>1</sup> Concentration</u> (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)				
January	36,000	Chlorine	0.91	0.6
February	36,000	Chlorine	0.60	0.4
March	36,000	Chlorine	1.06	0.7
008 Fire Control System Water	N / A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

<sup>1</sup> Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Elly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N /A: Not chlorinated

Platform Eureka

Attachment 1

EPA DMR  
PERMIT NO. CAG280000

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	01	01	To:	14 03 31

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILLING FLUIDS VOLUME	Sample Measurement		No Discharge	Barrels/ Well							
Well # N / A	Permit Requirement		Report							1/well 1/day	Estimate
January											
Well # N / A	Sample Measurement		No Discharge	Barrels/ Well							
February	Permit Requirement		Report							1/well 1/day	Estimate
Well # N / A	Sample Measurement		No Discharge	Barrels/ Well							
March	Permit Requirement		Report							1/well 1/day	Estimate
Quarterly Total	Sample Measurement		0	Barrels/ Quarter					0		
01/01/14 - 03/31/14	Permit Requirement		Report								
Annual Cumulative Volume Limit <sup>1</sup>	Sample Measurement		0	Barrels/ Year					0		
03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Permit Requirement		36,650								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 3 YEARS.							TELEPHONE	DATE		
Steve Liles Vice President, Manager of Operations	(562) 628-1526	04	22	2014							
TYPED OR PRINTED	Area Code	MONTH/DAY/YEAR									
							Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.  
Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				
DRILL CUTTINGS VOLUME Well # N / A	Sample Measurement		No Discharge	Barrels/ Month							
	Permit Requirement		Report						1/well 1/day	Estimate Grab	
Well # N / A February	Sample Measurement		No Discharge	Barrels/ Month					1/well 1/day	Estimate Grab	
	Permit Requirement		Report								
Well # N / A March	Sample Measurement		No Discharge	Barrels/ Month					1/well 1/day	Estimate Grab	
	Permit Requirement		Report								
Annual Cumulative Volume Limit <sup>1</sup> 03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year				0			
	Permit Requirement		13,350								
DRILL FLUIDS/CUTTINGS FREE OIL January	Sample Measurement				No Discharge			# Days Sheen Observed	1/well 1/day	Visual Visual	
	Permit Requirement				Negative Static Sheen Test/Free Oil						
February	Sample Measurement				No Discharge			# Days Sheen Observed	1/well 1/day	Visual Visual	
	Permit Requirement				Negative Static Sheen Test/Free Oil						
March	Sample Measurement				No Discharge			# Days Sheen Observed	1/well 1/day	Visual Visual	
	Permit Requirement				Negative Static Sheen Test/Free Oil						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 822 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.						TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations		 Marina Robertson, HSE Manager						(562) 628-1526		04 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.  
Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.



Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**WELL DISCHARGE MONITORING REPORT (Well DMR)**

CAG280000  
PERMIT NO.

001  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N/A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N/A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(80-100%) Well Footage	Grab
BARITE MERCURY	Sample Measurement				N/A	mg / kg			
	Permit Requirement				1 mg / kg			Stock Barite	Grab
BARITE CADMIUM	Sample Measurement				N/A	mg / kg			
	Permit Requirement				3 mg / kg			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY WELL No.	Sample Measurement				N/A				
	Permit Requirement				Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID	Sample Measurement				N/A				
	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids 2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings					N/A			N/A	
					No Discharge			N/A	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. (SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1310. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS).				TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations						(562) 628-1526		04 22 2014	
		Marina Robertson, HSE Manager							
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No discharge of drilling fluids

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

002  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**PRODUCED WATER (002)**  
(commingled at Platform Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
<b>PRODUCED WATER FLOW RATE</b> (commingled at Platform Elly) January - March	Sample Measurement	No Discharge									
	Permit Requirement									1/day	Estimate
<b>QUARTERLY AVERAGE Volume</b>		No Discharge								1/quarter	Estimate
<b>ANNUAL CUMULATIVE Volume</b> <sup>1,2</sup>	Sample Measurement		0	Barrels/Year							
03/01/13 - 02/28/14 and 03/01/14 - 02/28/15	Permit Requirement		10,950,000								
<b>PRODUCED WATER OIL &amp; GREASE</b>	Sample Measurement					No Discharge	No Discharge	mg/L			
	Permit Requirement					29.0	42.0			1/week	Grab
						N/A	N/A				
<b>Enforceable Limits:</b>											
<b>PRODUCED WATER QUARTERLY CONSTITUENTS</b>						No Discharge	No Discharge			1/month for 1 year	Grab
<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THIS SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1316. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							<b>TELEPHONE</b>	<b>DATE</b>		
Steve Liles Vice President, Manager of Operations	(562) 628-1526	04 22 2014									
<b>TYPED OR PRINTED</b>	Area Code Number	MONTH/DAY/YEAR									

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Permit volume limit applies to a combined produced water volume between platforms Eureka, Ellen, and Elly, as listed in the permit (refer to Plt. Elly DMR).

<sup>2</sup> Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.  
Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.  
EPA Form 3320-1 (Rev.9-88) Previous editions may be used. (Replaces EPS Form T-40 which may not be used.) File: DMR002.xls Pg 4 of 17

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

003  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**WELL TREATMENT, COMPLETION  
AND WORKOVER FLUIDS (003)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type						
		Average	Maximum	Units	Minimum	Average	Maximum				Units					
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS FLOW *	Sample Measurement		No Discharge	Barrels / Job												
	Permit Requirement		Report						1 / job	Estimate						
January	Sample Measurement		No Discharge	Barrels / Job												
	Permit Requirement		Report						1 / job	Estimate						
February	Sample Measurement		No Discharge	Barrels / Job												
	Permit Requirement		Report						1 / job	Estimate						
March	Sample Measurement		No Discharge	Barrels / Job												
	Permit Requirement		Report						1 / job	Estimate						
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS OIL AND GREASE						MONTHLY AVERAGE	DAILY MAXIMUM									
January	Sample Measurement					No Discharge	No Discharge	mg/L								
	Permit Requirement					29.0	42.0		1/job	Grab						
February	Sample Measurement					No Discharge	No Discharge	mg/L								
	Permit Requirement					29.0	42.0		1/job	Grab						
March	Sample Measurement					No Discharge	No Discharge	mg/L								
	Permit Requirement					29.0	42.0		1/job	Grab						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1315. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</small>					TELEPHONE		DATE							
Steve Liles Vice President, Manager of Operations								(562) 628-1526		04 22 2014						
TYPED OR PRINTED								Area Code Number		MONTH/DAY/YEAR						
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT														

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\*If present, WTCWFs are commingled with produced water and injected back into the formation.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

003  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	01	To:	14	03
01			31		

**WELL TREATMENT, COMPLETION  
AND WORKOVER FLUIDS (003)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS TYPE AND TOTAL NUMBER OF JOBS	Sample Measurement		0	Barrels / Job								
	Permit Requirement		Report									
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS STATIC SHEEN January	Sample Measurement				No Discharge				# Times Sheen Observed			
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/dischARGE	Grab	
February	Sample Measurement				No Discharge				# Times Sheen Observed			
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/dischARGE	Grab	
March	Sample Measurement				No Discharge				# Times Sheen Observed			
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/dischARGE	Grab	
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory March	Sample Measurement				N / A				0	1/month	List	
	Permit Requirement				Report					1/month	List	
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL, PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINES AND IMPRISONMENT FOR KNOWING VIOLATIONS. 232 16 U.S.C. § 1051 AND 33 U.S.C. § 1316. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 3 YEARS.							TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations									(562) 628-1526		04 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT  Marina Robertson, HSE Manager							Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

004  
DISCHARGE NO.

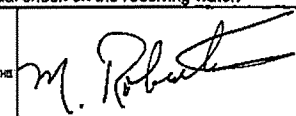
Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**DECK DRAINAGE (004)**  
(Commingled with rain and fire water to disposal well)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Units	Minimum	Average	Maximum	Units				
<b>DECK DRAINAGE VOLUME-FLOW RATE</b> (Commingled with fire water) January	Sample Measurement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate	
	Permit Requirement	Report									
February	Sample Measurement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate	
	Permit Requirement	Report									
March	Sample Measurement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate	
	Permit Requirement	Report									
<b>DECK DRAINAGE FREE OIL</b> January	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge					1/day	Visual - Daylight	
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.							
February	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge					1/day	Visual - Daylight	
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.							
March	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge					1/day	Visual - Daylight	
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THIS INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SIZE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</small>						TELEPHONE	DATE		
Steve Liles Vice President, Manager of Operations							(562) 628-1526	04	22	2014	
TYPED OR PRINTED		 Marina Robertson, HSE Manager						Area Code	MONTH/DAY/YEAR		
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Deck drains and related rain water are sent to a disposal well and are not discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**SANITARY & DOMESTIC WASTE (005)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				
SANITARY WASTE FLOW RATE <sup>1</sup>  January	Sample Measurement	34.0		Monthly Average				0	1/day	Estimate	
	Permit Requirement	Report		bbl/day					1/month	Estimate	
February	Sample Measurement	41.0		Monthly Average				0	1/day	Estimate	
	Permit Requirement	Report		bbl/day					1/month	Estimate	
March	Sample Measurement	39.0		Monthly Average				0	1/day	Estimate	
	Permit Requirement	Report		bbl/day					1/month	Estimate	
SANITARY WASTE FOAM & FLOATING SOLIDS  January	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.			0	1/day	Visual - Daylight	
	Permit Requirement		None		No foam or floating solids in the receiving waters.				1/day	Visual - Daylight	
February	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.			0	1/day	Visual - Daylight	
	Permit Requirement		None		No foam or floating solids in the receiving waters.				1/day	Visual - Daylight	
March	Sample Measurement		0	# days observed	No foam or floating solids in the receiving waters.			0	1/day	Visual - Daylight	
	Permit Requirement		None		No foam or floating solids in the receiving waters.				1/day	Visual - Daylight	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THIS SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND 5 YEARS))						TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations		 Marina Robertson, HSE Manager						(562) 628-1526		04 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Sanitary includes restroom sinks, showers and toilets.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.

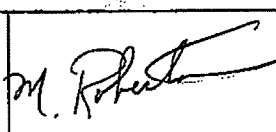
Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DA	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**SANITARY & DOMESTIC WASTE (005)**  
(Domestic laundry separate from sanitary)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type								
		Average	Maximum	Units	Minimum	Average	Maximum	Units											
SANITARY WASTE RESIDUAL CHLORINE <sup>1,2</sup>	Sample Measurement				N/A	N/A	N/A	mg/l	0										
	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab								
January	Sample Measurement				N/A	N/A	N/A	mg/l	0										
	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab								
February	Sample Measurement				N/A	N/A	N/A	mg/l	0										
	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab								
March	Sample Measurement				N/A	N/A	N/A	mg/l	0										
	Permit Requirement				1 mg/l	N/A	10 mg/l	mg/l		Monthly	Grab								
DOMESTIC WASTE (as laundry) FLOW RATE <sub>3</sub>	Sample Measurement	No Discharge		Monthly															
	Permit Requirement	Report		Average bbl/day						1/month	Estimate								
January	Sample Measurement	No Discharge		Monthly															
	Permit Requirement	Report		Average bbl/day						1/month	Estimate								
February	Sample Measurement	No Discharge		Monthly															
	Permit Requirement	Report		Average bbl/day						1/month	Estimate								
March	Sample Measurement	No Discharge		Monthly															
	Permit Requirement	Report		Average bbl/day						1/month	Estimate								
	Sample Measurement																		
	Permit Requirement																		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. (SEE 18 U.S.C. § 1001 AND 20 U.S.C. § 1316. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS).					TELEPHONE		DATE										
Steve Liles Vice President, Manager of Operations																			
TYPED OR PRINTED																			
		 Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					(562) 628-1526		04 22 2014										
							Area Code Number		MONTH/DAY/YEAR										

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.

<sup>2</sup> Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

005  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**SANITARY & DOMESTIC WASTE (005)**  
(Domestic laundry separate from sanitary)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
DOMESTIC WASTE (as laundry) FOAM / FLOATING SOLIDS <sup>1</sup>	Sample Measurement		No Discharge	# of Days Observed	No Discharge							
January	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight	
February	Sample Measurement		No Discharge	# of Days Observed	No Discharge							
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight	
March	Sample Measurement		No Discharge	# of Days Observed	No Discharge							
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations									(562) 628-1526		04 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT  Marina Robertson, HSE Manager							Area Code		MONTH/DAY/YEAR	
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)												

<sup>1</sup> Domestic waste (as laundry) is sent to a disposal well and not discharged. Domestic waste from sinks and showers is reported under Sanitary discharges.



Beta Offshore  
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Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

008  
DISCHARGE NO.


Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**FIRE CONTROL WATER (008)**  
(deluge commingled with deck drains)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Units	Minimum	Average	Maximum	Units				
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM, FLOATING SOLIDS <sub>1</sub> (deluge commingled with deck drains) January	Sample Measurement	No Discharge	# Days Observed	No Discharge							
	Permit Requirement	None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight	
February	Sample Measurement	No Discharge	# Days Observed	No Discharge						Visual -	
	Permit Requirement	None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight	
March	Sample Measurement	No Discharge	# Days Observed	No Discharge						Visual -	
	Permit Requirement	None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight	
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE <sub>2</sub> January - March	Sample Measurement				Monthly Average	Daily Maximum					
	Permit Requirement				N / A	N / A	mg/L		1/month	Grab	
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory <sub>2</sub> January - March	Sample Measurement			N / A					1/month	List	
	Permit Requirement			Report					1/month	List	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 30 U.S.C. § 1310. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.						TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations		 Marina Robertson, HSE Manager						(562) 628-1526		04 22 2014	
TYPED OR PRINTED								Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Fire water is commingled with deck drains and sent to a disposal well and is not discharged.

<sup>2</sup> Fire water is not chlorinated or chemically treated.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

009  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD							
YR	MO	DAY	YR	MO	DAY		
From:	14	01	01	To:	14	03	31

**NON-CONTACT COOLING WATER (009)**  
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Units	Minimum	Average	Maximum	Units				
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FLOW VOLUME January	Sample Measurement	68,571	Barrels/Day					0	1/month	Estimate	
	Permit Requirement	Report							1/month	Estimate	
February	Sample Measurement	68,571	Barrels/Day					0	1/month	Estimate	
	Permit Requirement	Report							1/month	Estimate	
March	Sample Measurement	68,571	Barrels/Day					0	1/month	Estimate	
	Permit Requirement	Report							1/month	Estimate	
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FOAM/FLOATING SOLIDS January	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight	
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight	
February	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight	
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight	
March	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight	
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THIS SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND 5 YEARS)						TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations								(562) 628-1526		04 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
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Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**NON-CONTACT COOLING WATER (009)**  
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type												
		Average	Units	Minimum	Monthly Average	Daily Maximum	Units															
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHLORINE <sup>1</sup> January	Sample Measurement				N / A	N / A	mg/L															
	Permit Requirement				N / A	N / A			1/quarter	Grab												
February	Sample Measurement				N / A	N / A	mg/L															
	Permit Requirement				N / A	N / A			1/quarter	Grab												
March <sup>2</sup>	Sample Measurement				N / A	N / A	mg/L															
	Permit Requirement				0.00585	0.0102			1/quarter	Grab												
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHEMICAL INVENTORY January - March	Sample Measurement			See Attachment #2 Chemical Inventory				0	1/quarter	List												
	Permit Requirement			Report					1/quarter	List												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY KNOWLEDGE OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 823 16 U.S.C. &amp; 1001 AND 33 U.S.C. &amp; 1919. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</small>						TELEPHONE		DATE												
Steve Liles Vice President, Manager of Operations																						
TYPED OR PRINTED		 Marina Robertson, HSE Manager						(562) 628-1526		04 22 2014												
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR												

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the new permit modified March 1, 2014, Appendix C.

<sup>2</sup> Permit limits were released in the March 2014 permit modification.

N / A: The required quarterly chlorine sampling will be performed in April.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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CAG280000  
PERMIT NO.

019  
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Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**EXCESS CEMENT SLURRY (019)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Units	Minimum	Average	Maximum	Units				
EXCESS CEMENT SLURRY (019) FLOW VOLUME	Sample Measurement	No Discharge	Monthly Average								
	Permit Requirement	Report	bbl/day						1/month	Estimate	
	January										
February	Sample Measurement	No Discharge	Monthly Average								
	Permit Requirement	Report	bbl/day						1/month	Estimate	
	February										
March	Sample Measurement	No Discharge	Monthly Average								
	Permit Requirement	Report	bbl/day						1/month	Estimate	
	March										
EXCESS CEMENT SLURRY ANNUAL CUMULATIVE VOLUME <sup>1</sup>	Sample Measurement	0	Barrels/ Year					0			
	Permit Requirement	1,200							1/year	Estimate	
EXCESS CEMENT SLURRY SHEEN TEST/FREE OIL FOAM, FLOATING SOLIDS	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge							
	Permit Requirement	None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water	
	January										
February	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge							
	Permit Requirement	None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water	
	February										
March	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge							
	Permit Requirement	None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water	
	March										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR OBTAINING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND 5 YEARS)						TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations								(562) 628-1526		04 22 2014	
TYPED OR PRINTED								Area Code Number		MONTH/DAY/YEAR	
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)											

<sup>1</sup> Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2013 through February 2014, and March 2014 through February 2015.  
Due to the new permit, this DMR includes the first month of the new annual cumulative volume period. Therefore, annual cumulative volumes for two separate periods are recorded.

Beta Offshore  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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Approved Form  
OMB No. 2000-0015

CAG280000	006,007,010,011,012,013,014
PERMIT NO.	DISCHARGE NO.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

Blowout Preventer Fluids  
Desalination Unit  
Ballast/Storage Displacement  
Bilge Water  
Boiler Blowdown  
Test Fluids  
Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement				No Discharge					1/month 1/discharge	Visual Rec. Water	
(007) Desalination Unit FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement				No Discharge					1/month 1/discharge	Visual Rec. Water	
(010) Ballast/Storage Displacement Water - FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement			Monthly Average bbl/day	No Discharge					1/month 1/discharge	Estimate / Visual Daylight	
(011) Bilge Water FLOW RATE January - March	Sample Measurement Permit Requirement			Monthly Average bbl/day	No Discharge					1/month 1/discharge	Estimate	
(012) Boiler Blowdown FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement				No Discharge					1/month 1/discharge	Visual Rec. Water	
(013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement			Monthly Average bbl/day	No Discharge					1/month 1/discharge	Estimate / Visual Daylight	
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS January - March	Sample Measurement Permit Requirement				No Discharge					1/month 1/discharge	Visual Rec. Water	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. § 1001 AND 23 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 3 YEARS)</p>							TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations									(562) 628-1526		04 22 2014	
TYPED OR PRINTED									Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

\*See Chemical Inventory, if discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Approved Form  
OMB No. 2000-0015

CAG280000  
PERMIT NO.

015, 016, 017, 018, 020, 021  
DISCHARGE NO.

Bulk Water Transfer Overflow  
Uncontaminated Water  
Water Flooding Discharges  
Laboratory Wastes (commingled with deck drains)  
Muds, Cuttings, Cement at Sea  
Hydrotest Water

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

NOTE: Read Instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS  January - March	Sample Measurement			No floating solids in the receiving water.				0	1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(016) Uncontaminated Water FOAM, FLOATING SOLIDS  January - March	Sample Measurement			No floating solids in the receiving water.				0	1/month	Visual
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.					1/discharge	Rec. Water
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS*  January - March	Sample Measurement			No Discharge					1/month	Visual
	Permit Requirement			No free oil or floating solids in the receiving water.					1/discharge	Rec. Water
(018) Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS (commingled with deck drains)  January - March	Sample Measurement			No Discharge					1/month	Visual
	Permit Requirement			No free oil or floating solids in the receiving water.					1/discharge	Rec. Water
(020) Muds, Cuttings, Cement at Sea FLOOR FREE OIL, FOAM, FLOATING SOLIDS  January - March	Sample Measurement			No Discharge					1/month	Visual
	Permit Requirement			No free oil or floating solids in the receiving water.					1/discharge	Rec. Water
(021) Hydrotest Water FLOW RATE / FREE OIL, FOAM FLOATING SOLIDS  January - March	Sample Measurement		Monthly Average bbl/day	No Discharge					1/month	Estimate /
	Permit Requirement	Report		No free oil or floating solids in the receiving water.					1/discharge	Visual Daylight
(021) HYDROTEST WATER CHLORINE  January - March	Sample Measurement			No Discharge	No Discharge	ug/L			1/month	
	Permit Requirement			N/A	N/A				1/discharge	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. (33 U.S.C. § 1901 AND 33 U.S.C. § 1916. PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)				TELEPHONE		DATE		
Steve Liles Vice President, Manager of Operations						(562) 628-1526		04 22 2014		
TYPED OR PRINTED						Area Code Number		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

<sup>1</sup> Uncontaminated water is combined with non-contact cooling water (refer to non-contact cooling water discharge 009)

\*See Chemical Inventory, if discharged.

Beta Offshore  
111 W. Ocean Blvd. Suite 1240  
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

CAG280000  
PERMIT NO.

022  
DISCHARGE NO.

Approved Form  
OMB No. 2000-0015

Beta Platform Eureka  
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 01 01			To: 14 03 31		

**H2S Gas Processing Waste Water**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly Average bbl/day							
	Permit Requirement	Report								1/discharge	Estimate
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight
Surfactants, Detergents, Dispersants	Sample Measurement				Minimized				0		
	Permit Requirement				Minimize						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1910. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)						TELEPHONE		DATE	
Steve Liles Vice President, Manager of Operations											
								(562) 628-1526		04 22 2014	
TYPED OR PRINTED								Marina Robertson, HSE Manager			
								Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		MONTH/DAY/YEAR	
								Area Code Number			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

## Attachment 2

### Chemical Inventory



**ATTACHMENT 2  
PLATFORM EUREKA  
MISCELLANEOUS DISCHARGES  
CHEMICAL INVENTORY  
January 1, 2014 through March 31, 2014**

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe <sup>1</sup> Concentration</u> (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)				
January	68,571	Chlorine	0.86	0.3
February	68,571	Chlorine	0.58	0.2
March	68,571	Chlorine	< 0.14	< 0.05
008 Fire Control System Water	N / A	None	N / A	N / A
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

<sup>1</sup> Chemical quantity for non-contact cooling water calculated with Operations monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel).

N / A: Not chlorinated.

